

## ACTION ON RESOLUTIONS

ONE HUNDRED AND EIGHT RESOLUTIONS came before the 1967 House of Delegates. Each was numbered and assigned to a Reference Committee for consideration and recommendation.

Reference Committees have the option of recommending a resolution for adoption or rejection, for adoption as amended or substituted, or for no action.

Resolutions shown here are in the form in which the House of Delegates approved them for adoption or for referral to the Council or to specified commissions or committees. Where a resolution was not adopted, that report is made here but the language of the resolution is not shown. Copies are available in the CMA office on request.

Each resolution is shown by number and subject and the name and status of each author is recorded.

The action reported at the foot of each resolution was taken by the House of Delegates, April 18 and 19, 1967. The referrals were made by the Council at its meeting, May 27, 1967.

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### WELFARE PRESCRIPTION FORMS

**Resolution No. 1-67**

**Committee 3A**

Introduced by: James W. Goettle, M.D.

Representing: Tulare County Delegation

WHEREAS, physicians in California are scarce and overworked; and

WHEREAS, added paper work and multiplication of forms is in increasing problem requiring more and more time from the physician and his staff, and since much of this paper work is instigated by government agencies; now, therefore, be it

**Resolved:** That the California Medical Association recommend that its members use their own standard prescription forms for all patients, rather than special forms (such as MC-165 of the Department of Social Welfare).

**ACTION: Referred to Council.**

**Referred to: Commission on Public Agencies.**

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### RVS IDENTITIES FOR STAFF SUPERVISION OF PUBLIC HOSPITAL TRAINEES

**Resolution No. 2-67**

**Committee 3A**

Introduced by: Leon P. Fox, M.D.

Representing: Santa Clara County Medical Society

WHEREAS, Title 18 and 19 of Public Law 89-97

and the implementing state laws have jeopardized the intern-resident training programs in the many public hospitals in California; and

WHEREAS, these public hospitals are an essential source of practicing and teaching physicians in a constantly growing California and National population with an increasing physician shortage; and

WHEREAS, certain revisions of the law as well as additional implementing procedures can improve the present dilemma and perpetuate this traditional fountainhead of graduate medical education; and

WHEREAS, California public hospitals have already contracted with their medical staffs to divert professional fees obtained for services to non-private patients into a fund to be used for financial support of the training program; and

WHEREAS, presently there is little if any remuneration to the medical staff members for their participation in the training program and minimal support from local governments for same; and

WHEREAS, the AMA House of Delegates has approved the principle of charging for these professional services and utilizing such fees as herein suggested (Report R, Board of Trustees, November 1966 at Las Vegas); and

WHEREAS, in California the Relative Value Schedules for usual and reasonable fees have been referred to by the present insurance carriers for Medi-Cal and Medicare; now, therefore, be it

**Resolved:** That the California Medical Association direct its Committee on Fees to establish and define a supervisory teaching experience relative value entity for all listed procedures in accordance with its representation of responsibility and time consumption of the supervising physician; and be it further

**Resolved:** That the appropriate committees negotiate with the pertinent insurance carriers endeavoring to establish the philosophy and implementation of this resolution; and be it further

**Resolved:** That the California Delegation to the American Medical Association be directed to introduce a similar appropriate resolution before the House of Delegates of the AMA in June 1967.

**ACTION: Referred to Council.**

**Referred to: AMA Delegation.**

## CERTIFICATION AND RECERTIFICATION

Resolution No. 3-67

Committee 3A

Introduced by: Merlin A. Hendrickson, M.D.

Representing: San Bernardino County Medical Society

WHEREAS, there has been confusion, harassment and abuses over the interpretation and implementation of the certification and recertification mechanism; and

WHEREAS, to ease tensions and promote better understanding; now, therefore, be it

**Resolved:** That the CMA Model Medical Staff By-laws include the statement, "The Medical Staff recognizes the physician's signature on the patient's chart, or following his orders therein, as certification of the medical necessity of the patient's admission and for his continued treatment in the hospital"; and be it further

**Resolved:** That this action and recommendation be widely disseminated to all interested parties.

**ACTION:** *Referred to Council.*

*Referred to: Commission on Hospital Affairs.*

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## CERTIFICATION AND RECERTIFICATION

Resolution No. 4-67

Committee 3A

Introduced by: Merlin A. Hendrickson, M.D.

Representing: San Bernardino County Medical Society

**ACTION:** *No action was taken on this resolution.*

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## DIRECT BILLING AND ASSIGNMENT MECHANISM

Resolution No. 5-67

Committee 3A

Introduced by: Merlin A. Hendrickson, M.D.

Representing: San Bernardino County Medical Society

**ACTION:** *No action was taken on this resolution.*

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## DEPARTMENT OF REHABILITATION REPORT FEES

Resolution No. 6-67

Committee 3

Introduced by: Santa Clara Delegation

WHEREAS, the California State Department of Rehabilitation requires certain information for their clients which must be obtained from physicians (Form SSA-826); and

WHEREAS, this requires abstracting the medical record by the client's physician; and

WHEREAS, this record is frequently lengthy and complicated; and

WHEREAS, the Department of Rehabilitation does not have budgetary provision to remunerate the physician for this report; and

WHEREAS, physicians are remunerated by other

agencies of government for medical reports; and

WHEREAS, the failure of the Department of Rehabilitation to remunerate physicians for completing these forms is an inequity; now, therefore, be it

**Resolved:** That the California Medical Association's House of Delegates instruct the California Medical Association Council to investigate and urge that all federal and state departments provide funds for remuneration of physicians for necessary medical reports furnished to them.

**ACTION:** *Adopted as amended.*

*Referred to: Commission on Medical Service.*

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## THE PASTEURIZATION OF MARKET MILK

Resolution No. 7-67

Committee 3B

Introduced by: Stanley A. Skillicorn, M.D.

Representing: Santa Clara County Medical Society

WHEREAS, milk and milk products are among the most perishable and potentially dangerous foods; and

WHEREAS, outbreaks of tuberculosis, brucellosis, scarlet fever, diphtheria, Q fever, salmonellosis, and other diseases have been traced to unpasteurized or raw milk; and

WHEREAS, raw milk has been proven a constant reservoir of Enterotoxigenic Staphylococcus of both human and animal origin which serves as a potential threat to public health; and

WHEREAS, pasteurization has proven the one safe, effective and efficient method of insuring safe milk; and

WHEREAS, there have been no proven deleterious effects upon the food value of milk due to the pasteurization process; and

WHEREAS, 3,380 gallons of unpasteurized milk are sold in California daily; and

WHEREAS, 39 states, and over 2,000 cities and counties in the United States prohibit the public sale of raw milk; now, therefore, be it

**Resolved:** That the California Medical Association recommends that all market milk sold for human consumption in the State of California be pasteurized; and be it further

**Resolved:** That the California Medical Association requests the State of California Department of Public Health, with the cooperation of the State Department of Agriculture, the dairy industry and other interested groups, to prepare legislation to prohibit the sale of raw milk for human consumption in California.

**ACTION:** *Adopted.*

*Referred to: Legislative Committee.*

## PHYSICIANS' EMPLOYEES' HEALTH COVERAGE BY CPS-BLUE SHIELD

Resolution No. 8-67

California Blue Shield Committee

Introduced by: San Francisco Delegation

WHEREAS, many physicians are interested in having insurance coverage for their employees; and

WHEREAS, it would be possible for CPS to institute appropriate eligibility certification; now, therefore, be it

**Resolved:** That CPS offer physicians' employees health insurance, with proper safeguards for the plan's protection.

**ACTION:** *Adopted as amended.*

**Referred to:** *CPS-Blue Shield Board of Trustees and Commission on Professional Welfare.*

## QUALITY CARE

Resolution No. 9-67

Committee 3

Introduced by: San Francisco Delegation

WHEREAS, there is increasing demand for ongoing review of the quality of medical care as it is practiced outside of hospitals, similar to that in hospitals; and

WHEREAS, self-surveillance by the medical profession itself is recognized by physicians and others as preferable to review by non-physicians; now, therefore, be it

**Resolved:** That an appropriate Committee of the CMA investigate methods to study factors in the practice of medicine outside of hospitals, to evaluate indices of the quality of medical care, and to develop techniques to appraise the work of individual physicians through the proper committees of the component medical societies.

**ACTION:** *Adopted as amended.*

**Referred to:** *Bureau of Research and Planning.*

## DRIVERS AND SAFETY STANDARDS

Resolution No. 10-67

Committee 3

Introduced by: San Francisco Delegation

WHEREAS, there is a need for non-emergency transportation service for handicapped persons to medical facilities; and

WHEREAS, this is done on doctors' prescription only through services other than conventional ambulances and at a considerable saving to the taxpayer; now, therefore, be it

**Resolved:** That the CMA request the appropriate state agency, in consultation with the California Highway Patrol, to establish standards for drivers and safety features in such vehicles.

**ACTION:** *Adopted as amended.*

**Referred to:** *Commission on Community Health Services.*

## OFFICERS' COMPENSATION

Resolution No. 11-67

Committee 3

Introduced by: San Francisco Delegation

WHEREAS, certain leaders of the medical profession give an extraordinary amount of time to organized medicine and thereby suffer inordinate loss of income to themselves, their families and their associates; now, therefore, be it

**Resolved:** That the CMA President, President-Elect and Chairman of the Council be adequately and appropriately compensated, as determined by the Council and Finance Committee; and be it further

**Resolved:** That the Council and Finance Committee investigate the feasibility of developing a compensation program to fulfill the need of compensating other officers and/or commission and committee members.

**ACTION:** *Above substitute resolution adopted.*

**Referred to:** *Finance Committee.*

## SUBPOENAS

Resolution No. 12-67

Committee 3

Introduced by: San Francisco Delegation

**ACTION:** *No action was taken on this resolution.*

## CONSERVATION

Resolution No. 13-67

Committee 3B

Introduced by: San Francisco Delegation

WHEREAS, the quality of the environment is critically important to the physical, mental and emotional well-being of people, and

WHEREAS, in many parts of the country, the quality of the environment is being despoiled by air and water pollution, and by destruction of important scenic resources, and

WHEREAS, this matter of environment and its impact on health is of interest to the medical profession as is evidenced by its inclusion in the report of the National Commission on Community Health Services entitled *Health is a Community Affair*; now, therefore, be it

**Resolved:** That the CMA work through its existing structures to further the work of conservation of natural resources and seek the support of the AMA as well as individual physicians regarding this national problem.

**ACTION:** *Above substitute resolution adopted.*

**Referred to:** *Commission on Community Health Services, and AMA Delegation.*

## STUDY OF RVS TO BE CHANGED TO A NOMENCLATURE WITH CODE NUMBERS

Resolution No. 14-67

Committee 3A

Introduced by: Milo A. Youel, M.D.

Representing: San Diego County

WHEREAS, the RVS is readily converted to a fixed fee schedule by applying a conversion factor to the relativity numbers; and

WHEREAS, fixed fee schedules tend to raise the cost of medical care without permitting latitude in individual physicians' fees; and

WHEREAS, the Federal Medicare Program and the State Medi-Cal programs have embraced the usual fee concept for professional services; and

WHEREAS, doctors are anxious to change workmen's compensation fee schedules and other programs with fixed fee schedules to the payment of usual fees; now, therefore, be it

**Resolved:** That the House of Delegates of CMA direct a study of the effect on the practice of medicine in California that would likely result if the relativity numbers of the Relative Value Studies were deleted, thus changing the Relative Value Studies to a nomenclature with code numbers; and to make recommendations regarding the advisability of making this change.

**ACTION:** Refer to Council for further study.

**Referred to:** Commission on Medical Services.

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## CALIFORNIA ABORTION LAW

Resolution No. 15-67

Committee 3

Introduced by: Richard F. Altman, M.D.

Representing: Orange County

**ACTION:** Not adopted.

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## CPS MEDICAL ADVISORS

Resolution No. 16-67

California Blue Shield Committee

Introduced by: James O. Farley, M.D.

Representing: Tenth District

**Resolved:** That the system of CPS local medical advisors be utilized to the fullest extent practical in matters of fees and utilization.

**ACTION:** Above substitute resolution adopted.

**Referred to:** CPS-Blue Shield Board of Trustees.

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## COMPENSATION STUDY

Resolution No. 17-67

Committee 3

Introduced by: James O. Farley, M.D.

Representing: Tenth District

**ACTION:** See Resolution No. 11-67 with which this resolution was combined.

## AUTHORSHIP OF RESOLUTIONS

Resolution No. 18-67

Committee 3

Introduced by: James O. Farley, M.D.

Representing: Tenth District

WHEREAS, the House of Delegates is made up of Delegates, not delegations, societies, councils or districts; and

WHEREAS, many resolutions are introduced in the name of a delegation, society, council or district; and

WHEREAS, only a delegate can actually introduce a resolution; and

WHEREAS, it is frequently advantageous that the original author of each resolution be known in order to facilitate discussion by local delegations, societies and members with the author prior to or during the meeting of the House of Delegates; and

WHEREAS, resolutions presented in the name of an individual delegate carry a personal responsibility; now, therefore, be it

**Resolved:** That each resolution introduced to the House of Delegates bear the name of its author in addition to the presently required information.

**ACTION:** Adopted as amended.

**Referred to:** Speaker of the House of Delegates and Executive Director.

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## WITNESS FEES

Resolution No. 19-67

Committee 3

Introduced by: Orrin S. Cook, M.D.

Representing: Tenth District

WHEREAS, California law holds that a medical witness, expert or otherwise, can only recover statutory witness fees when so called upon in matters of litigation; and

WHEREAS, numerous other states' statutes provide that such witnesses are legally entitled to the reasonable value of their time; now, therefore, be it

**Resolved:** That the CMA Committee on Legislation be directed to seek the introduction in the California legislature of appropriate measures which will legally entitle witnesses, whose opinions are elicited as testimony, to be compensated for the reasonable value of their time.

**ACTION:** Adopted and referred to the Council for implementation.

**Referred to:** Committee on Legislation.

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## HOUSE FLOOR DEBATE

Resolution No. 20-67

Committee 3

Introduced by: James O. Farley, M.D.

Representing: Tenth District

**ACTION:** Not adopted.

## MEDICARE/MEDI-CAL IDENTIFICATION CARDS

Resolution No. 21-67

Committee 3A

Introduced by: Franklin Murphy, M.D.

Representing: Butte-Glenn Medical Society

WHEREAS, the extension of medical insurance and medical welfare to large numbers of our population has markedly increased the amount of records and paperwork required of the practicing physician; and

WHEREAS, such increased paperwork greatly increases the cost of medical care; and

WHEREAS, proper recording of the patient's name, identification numbers, and other related information are essential for the rapid and accurate processing of such records; now, therefore, be it

**Resolved:** That the California Medical Association strongly recommend that a plastic identification card with raised letters and numerals be developed and issued by the insurance carriers to each eligible patient; and be it further

**Resolved:** That all appropriate claim forms and records be designed to permit mechanical imprinting of such card.

**ACTION:** *Referred to Council for further study.  
Referred to: CPS-Blue Shield Board of Trustees.*

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## IMPLEMENTATION OF TITLE XIX

Resolution No. 22-67

Committee 3A

Introduced by: Burt L. Davis, M.D.

Representing: Santa Clara County

WHEREAS, Public Law 89-97 established Title XIX of the Social Security Laws with the provision that the respective states implement the Title within a few years; and

WHEREAS, the implementation of this Title has been effectuated in a wide variety of ways, some of which appear not to be in the best interests of the health of the beneficiaries; and

WHEREAS, active participation and leadership in the formulation of the state procedures is an obligation of the medical profession in order best to serve our patients; now, therefore, be it

**Resolved:** That the California Medical Association requests that the American Medical Association advise its constituent societies to take an active part in the legislative processes in their respective states in order to produce workable implementation of Title XIX.

**ACTION:** *Adopted and referred to the AMA delegation.*

## CAMPAIGNING BY NOMINEES FOR MAJOR OFFICES OF CMA

Resolution No. 23-67

Committee 3

Introduced by: Ralph E. Graham, M.D.

Representing: Orange County Delegation

**ACTION:** *Not adopted.*

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## EXTENDED CARE FACILITY ADMITTANCE

Resolution No. 24-67

Committee 3A

Introduced by: Orange County Delegation

WHEREAS, Public Law 89-97 (Medicare) now requires a patient to be hospitalized in a licensed general hospital at least three days immediately preceding admittance to an extended care facility; and

WHEREAS, there are many patients whose conditions do not warrant hospitalization in a general hospital, but do need the nursing care and attention provided by an extended care facility; and

WHEREAS, the requirement of three days hospitalization in a general hospital before entering an extended care facility sometimes causes unnecessary hospital bed occupancy and increased cost to the taxpayers; and

WHEREAS, the provisions for participation in the Medicare program by an extended care facility does call for a review of newly admitted patients by a utilization review committee of the facility; and

WHEREAS, the medical decision as to the type of facility in which the patient can best be served is the responsibility of the attending physician; now, therefore, be it

**Resolved:** That the California Medical Association hereby be instructed to use all its resources, facilities, and influence to have the three day hospitalization in general hospital prior to admittance to an extended care facility, deleted.

**ACTION:** *Adopted and referred to AMA delegation.*

**Referred to: AMA Delegation.**

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## IMPROVED NURSES TRAINING

Resolution No. 25-67

Committee 3

Introduced by: Orange County Delegation

**ACTION:** *No action was taken on this resolution.*

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## NURSE-MIDWIFE TRAINING PROGRAM

Resolution No. 26-67

Committee 3

Introduced by: Leon Parrish Fox, M.D.

Representing: Santa Clara County Medical Society

WHEREAS, there is National and State agitation in medical school and public health areas for the

training and utilization of nurse-midwives in prenatal and maternal care of patients; and

WHEREAS, this would seem to be a retrogressive step in the overall effort to upgrade obstetrical care; and

WHEREAS, the evidence for need of these paramedical personnel is seemingly built on philosophy rather than fact; and

WHEREAS, this proposal would further decimate an already sparse supply of registered nurses who would be trained in midwifery and finally undertake the partial practice of obstetrics; and

WHEREAS, California Business and Professions Code 2140 states, "The certificate to practice midwifery authorizes the holder to attend cases of normal childbirth," and prohibits the licensee from the practice of medicine and surgery as implied in this new proposal; and

WHEREAS, it is apparent that the medical profession is obligated to determine the quantity as well as the quality of true medical care; now, therefore, be it

**Resolved:** That the Committee on Maternal and Child Care be directed to conduct a comprehensive study concerning the present personnel needs in prenatal and maternity care in California; and be it further

**Resolved:** That this Committee evaluate the need for nurse-midwives in California and identify the specific function of such personnel in obstetrical practice today; and be it further

**Resolved:** That this Committee report its findings and recommendations to the House of Delegates at the next annual session.

**ACTION: Adopted.**

**Referred to: Committee on Maternal and Child Care and Commission on Allied Health Professions.**

#### COOPERATION WITH CCHPA

Resolution No. 27-67

Committee 3A

Introduced by: Marin Medical Society

WHEREAS, the stated purpose of the California Council for Health Plan Alternatives is the best possible health care for union members and their families; and

WHEREAS, it could be mutually advantageous to both the CMA and the CCHPA for a relationship to develop which would allow easy communications and the development of a better relationship; now, therefore, be it

**Resolved:** That the CMA continue its dialogue with the CCHPA without stated commitment.

**ACTION: Above substitute resolution adopted as amended and referred to Council.**

**Referred to: Emergency Action Committee.**

#### SOLID WASTE DISPOSAL

Resolution No. 28-67

Committee 3B

Introduced by: Marin Medical Society

WHEREAS, the production of solid wastes in California is increasing rapidly as a result of population growth and increasing prosperity; and

WHEREAS, the disposal of solid wastes in California has become an urgent problem in environmental health, resulting not only in land pollution, but contributing significantly to the pollution of air through the burning of refuse, and to the pollution of the waters of State through the dumping of refuse and its use as tideland fill; and

WHEREAS, proper solid waste management now requires a level of technology and capital expenditure which can best be provided economically on a regional basis; now, therefore, be it

**Resolved:** That the California Medical Association through its Committees on Public Health and Environmental Health take strong leadership at the State level to urge and assist in the development of area-wide plans to provide efficient disposal of solid wastes in a manner that will prevent pollution of air, water and land; and be it further

**Resolved:** That the California Medical Association urge and assist its component societies to take similar action at local levels helping to coordinate local plans for solid waste disposal with area-wide or regional plans where appropriate.

**ACTION: Adopted.**

**Referred to: Commission on Community Health Services and the AMA Delegation.**

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#### SMOKING AND THE AMA

Resolution No. 29-67

Committee 3B

Introduced by: Marin Medical Society

WHEREAS, the Council of the CMA has approved a position paper on cigarette smoking and health; now, therefore, be it

**Resolved:** That our AMA delegates introduce a resolution (1) that the AMA take a stand on cigarette smoking similar to the CMA position, and (2) that the AMA join the National Interagency Council on Smoking and Health.

**ACTION: Adopted.**

**Referred to: AMA Delegation.**

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#### DELEGATES, LIMITATION OF CONTINUOUS TERMS

Resolution No. 30-67

Committee 3

Introduced by: Marin Medical Society

WHEREAS, the more physicians who participate in Medical Society affairs, the more accurately

will their decisions reflect the current opinions of the majority; and

WHEREAS, the present system of electing Delegates and Alternate Delegates to the CMA and AMA encourages some doctors to participate in those capacities for many years; and

WHEREAS, there are disadvantages to lengthy tenures in that the same minds, year after year, may become fixed on certain issues and less apt to reflect the changing thoughts of both practicing physicians and the public; and

WHEREAS, practicing physicians are often heard to voice displeasure that the CMA and AMA decisions are always made by the same people; now, therefore, be it

**Resolved:** That the CMA should study the relative merits of limiting the number of continuous terms for Delegates and Alternate Delegates to the AMA.

**ACTION:** *Adopted as amended.*

**Referred to:** *Committee on Organizational Review and Planning.*

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#### EXTENDED CARE FACILITY CERTIFICATION

Resolution No. 31-67

Committee 3A

Introduced by: Marin Medical Society

WHEREAS, an Extended Care Facility, as defined in P.L. 89-97, is an entity intended to provide sub-acute care for illnesses which have required hospitalization; and

WHEREAS, there is the implication of *restorative* rather than mere nursing care, since many auxiliary health services are supposed to be available in the Extended Care Facility which were not commonly found in nursing homes; and

WHEREAS, a great number of nursing homes have already been certified as Extended Care Facilities; most of these being the larger institutions which could afford the expenditure of time, money and personnel to meet the requirements of certification; and

WHEREAS, these institutions do not appear to be very materially changed in this process, particularly since they are still mostly filled with the more static Medi-Cal patients; and

WHEREAS, the smaller nursing homes, many of which have done an adequate job with semi-custodial patients, cannot hope to truly meet some of the certification requirements and will be put out of business by the more recent requirement that a facility be certified (for Medicare) by January 1968 if it is to continue eligible for Medi-Cal patients; and

WHEREAS, it now appears that the number of

beds already certified for Extended Care Facilities is in excess of anticipated demands while there is an increasing need of beds for static, often semi-custodial type patients; now, therefore, be it

**Resolved:** That the California Medical Association voice its disapproval of and seek to change the requirement that Medicare certification be obtained by all nursing homes which care for Medi-Cal patients; and be it further

**Resolved:** That the California Medical Association urge the State Department of Public Health to certify (or re-certify) as Extended Care Facilities, only those institutions with demonstrated capabilities of *wholly* meeting the conditions of participation; thus making a more clear-cut differentiation between nursing homes (in the older sense) and Extended Care Facilities; and be it further

**Resolved:** That the California Medical Association carry on an educational program for physicians to better acquaint them with the unique functions of the Extended Care Facility in the spectrum of health care services.

**ACTION:** *Adopted and referred to Council.*

**Referred to:** *Ad hoc Committee on Extended Care Facilities and the Committee on Legislation.*

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#### JOURNAL OF THE AMA, AVAILABILITY WITH NO CHARGE TO MEDICAL STUDENTS AND INTERNS

Resolution No. 32-67

Committee 3B

Introduced by: Herman H. Stone, M.D.

Representing: Riverside County Medical Association

**ACTION:** *Not adopted.*

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#### PROPOSED FORMS, FOR THE INTRODUCTION OF CMA RESOLUTIONS

Resolution No. 33-67

Committee 3

Introduced by: Herman H. Stone, M.D.

Representing: Riverside County Medical Association

WHEREAS, it is becoming exceedingly more difficult each year for the House of Delegates to complete their business because of the increasing number of resolutions introduced; now, therefore, be it

**Resolved:** That all resolutions when introduced be set forth on line-numbered type paper to enable the Delegates to more easily find the appropriate word, phrase or sentence on the printed page when a specific word, phrase or sentence is referred to.

**ACTION:** *Adopted as amended.*

**Referred to:** *Executive Director.*

## INTEGRATION AND NURSING CURRICULA

Resolution No. 34-67

Committee 3

Introduced by: C. G. Scarborough, M.D.

Representing: Santa Clara County

WHEREAS, California and the nation are acutely in need of qualified Graduate Nurses; and

WHEREAS, there are now three different types of nursing training courses leading to the licensure of Registered Nurse; and

WHEREAS, each of these three training courses has a slightly different objective goal and therefore somewhat different curriculum requirements; and

WHEREAS, the strictly nursing courses, since they prepare for the same licensure examination, are basically similar; and

WHEREAS, a fairly large part of the curriculum for nursing in the baccalaureate schools is directed toward general academic subjects; and

WHEREAS, advancement in Nursing to supervisory and teaching positions requires a minimum of a baccalaureate degree; and

WHEREAS, there are many highly qualified persons graduating from Hospital Nursing Schools and from Associate in Arts (Junior College) Schools who are excellent candidates for teaching and Supervisory positions, and who would transfer, if transfer to a baccalaureate program were feasible; and

WHEREAS, such transfer to a baccalaureate school entails a large loss of time and practically starting the whole nursing course over because of lack of curriculum integration between the three types of schools; now, therefore, be it

**Resolved:** That the California Medical Association's House of Delegates direct the appropriate California Medical Association Committee to urge the Health Manpower Council, the Board of Nursing Education and Nurse Registration, and all nursing schools to cooperate in curriculum changes which would permit free transfer of nursing students to baccalaureate programs without undue loss of time or expense thereby increasing the supply of teaching and supervisory courses.

**ACTION: Adopted.**

**Referred to: Commission on Allied Health Professions and the CMA Representatives to the Health Manpower Council.**

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## FOUNDATIONS FOR MEDICAL CARE

Resolution No. 35-67

Committee 3A

Introduced by: Ninth District

**ACTION: No action was taken on this resolution.**

## WEIGHT CONTROL DOCTORS

Resolution No. 36-67

Committee 3B

Introduced by: Ninth District

**ACTION: No action was taken on this resolution. See resolution No. 102-67.**

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## CMA COMMITTEE ON EMERGENCY MEDICAL CARE

Resolution No. 37-67

Committee 3

Introduced by: Carl E. Anderson, M.D.

Representing: Santa Rosa

WHEREAS, accidental injuries are the fourth most common cause of death and are the leading cause of death among persons aged 1-37; and

WHEREAS, one-fourth million Californians are injured or killed annually in traffic accidents; and

WHEREAS, injured persons and those suddenly ill require immediate services from an emergency system which involves first-aid, communications, and transportation as well as emergency and definitive medical care; and

WHEREAS, the components of the emergency care system often exist in an unplanned and uncoordinated jumble of unrelated services; and

WHEREAS, many organizations including the AMA, the National Academy of Sciences, the American College of Surgeons, the President's Committee on Traffic Safety and the U.S. Public Health Service have recognized the inadequacies of the emergency care system, and have called for prompt remedial action; and

WHEREAS, there is presently no committee of CMA concerned with the broad problems of the emergency care system; now, therefore, be it

**Resolved:** That the California Medical Association, through its Council, establish a Committee or Task Force on Emergency Medical Services for the following purposes:

1. Making studies of presently available facilities for emergency medical services in the State of California, including the adequacy and the distribution of such facilities.

2. In cooperation with the California Hospital Association and other interested groups, make recommendations for improving and upgrading emergency medical facilities when they may be found to be inadequate.

3. Maintain liaison with other agencies, governmental and non-governmental for the purpose of improving the entire emergency service system in California; and be it further

**Resolved:** That the Council be requested to report to the 1968 Session of this House of Dele-



gates, the activities and programs of this public service endeavor.

**ACTION: Adopted.**

**Referred to: Commission on Community Health Services.**

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#### **FINANCING OF THE EMERGENCY MEDICAL CARE SYSTEM**

**Resolution No. 38-67**

**Committee 3**

Introduced by: Carl E. Anderson, M.D.

Representing: Santa Rosa

WHEREAS, lack of available funds is often one of the major barriers to the development and staffing of adequate ambulance services and of high quality hospital emergency facilities as well as of other segments of the emergency medical care system; and

WHEREAS, an up-to-date emergency care system is important to the public health and safety and could save numerous lives and much disability; and

WHEREAS, gasoline and alcohol are major factors contributing to the need for the emergency medical care system; and

WHEREAS, the State of California annually derives many millions of dollars from taxes on gasoline and alcohol, and uses these monies for diverse purposes; now, therefore, be it

**Resolved:** That the California Medical Association, through an appropriate committee or committees, study in consultation with other interested organizations, the feasibility of and appropriate mechanisms for the use of some of the State's gasoline and alcohol tax revenues for the purpose of improving the entire system of emergency medical care services.

**ACTION: Adopted, referred to Council.**

**Referred to: Commission on Community Health Services.**

‘ ‘ ‘

#### **REPORTING OF BATTERED CHILD**

**Resolution No. 39-67**

**Committee 3**

Introduced by: Fresno County Medical Society

WHEREAS, tens of thousands of small children yearly are maimed and killed by parental abuse; and

WHEREAS, it is recognized that families of abused children are in need of medical and social services; and

WHEREAS, present California State Law makes reporting of suspected child abuse exclusively a

police matter, thereby causing reluctance to report suspected cases by the physician; and

WHEREAS, a bill regarding the battered child is presently being introduced in the State Legislature by Mr. George Zenovich, Assemblyman of Fresno, which would take child abuse reporting out of the arena of purely law enforcement and place it in the hands of medically oriented social services; now, therefore, be it

**Resolved:** That the California Medical Association give its full support to the Zenovich Bill, through the Public Health League and education of legislators through all channels available; and be it further

**Resolved:** That the California Medical Association delegation to the American Medical Association urge similar legislation at state and national levels.

**ACTION: Adopted as amended.**

**Referred to: Committee on Legislation, Public Health League and the AMA Delegation.**

‘ ‘ ‘

#### **RESTRICT MEETING TIME TO CMA BUSINESS**

**Resolution No. 40-67**

**Committee 3**

Introduced by: Fresno County Medical Society

WHEREAS, the sole purpose of the meetings of the House of Delegates of the California Medical Association is to conduct the business of the CMA; and

WHEREAS, the time available for such business is the minimal in which to conduct that business; and

WHEREAS, in recent years there has been a growing tendency to the giving of commendations, awarding of plaques and various awards to members of component societies; now, therefore, be it

**Resolved:** That further awards and commendations be given at the discretion of the Speaker of the House at such times as not to interfere with the efficient utilization of time.

**ACTION: Adopted as amended.**

**Referred to: Speaker of House of Delegates.**

‘ ‘ ‘

#### **CHIROPRACTORS AND MEDICAL**

**Resolution No. 41-67**

**Committee 3A**

Introduced by: Alameda-Contra Costa Medical Assn.

**Resolved:** That the California Health and Welfare Agency be urged to remove chiropractors as providers of health services.

**ACTION: Adopted as amended and referred to Council.**

**Referred to: Committee on Legislation.**

## USUAL AND CUSTOMARY FEES IN WORKMEN'S COMPENSATION

Resolution No. 42-67

Committee 3A

Introduced by: Alameda-Contra Costa Medical Assn.

**Resolved:** That the Administrative Director of the Division of Industrial Accidents of the Department of Industrial Relations be urged to continue progress in medical economics by adopting the usual and customary fee concept for workmen's compensation cases, and further be it

**Resolved:** That the Administrative Director also be urged to provide for the free choice of physicians under the Workmen's Compensation Insurance Act.

**ACTION:** Above substitute resolution adopted and referred to the Council.

**Referred to:** Industrial Medical Committee.

## PKU TESTING

Resolution No. 43-67

Committee 3

Introduced by: Alameda-Contra Costa Medical Assn.

WHEREAS, the yield of treatable cases of PKU from the screening now required by law has not been evaluated to the satisfaction of all properly interested parties; now, therefore, be it

**Resolved:** That the California State Legislature be urged NOT to make permanent the current PKU Testing Law until such time as a full evaluation can be made and reported.

**ACTION:** Adopted.

**Referred to:** Committee on Legislation.

## UTILIZATION STUDY OF CLOSED PANELS

Resolution No. 44-67

Committee 3

Introduced by: Alameda-Contra Costa Medical Assn.

WHEREAS, closed panel insurance plans cite publicly their low utilization as compared with that of Blue Cross, Blue Shield and other insurance programs; and

WHEREAS, this low utilization is cited as an indication of a higher quality of medical care and as resulting from "preventive medicine"; and

WHEREAS, most practitioners in areas where closed panel plans exist, care for patients who are subscribers to closed panel plans and the costs for this care are paid to the private practitioners directly by the patient in spite of and without utilization of the pre-paid medical benefits he is entitled to under the closed panel plan; now, therefore, be it

**Resolved:** That the Bureau of Research and Planning be ordered by this House to make a study of non-utilization of closed panel plans which

results from a patient's preference for a private practitioner.

**ACTION:** Adopted.

**Referred to:** Bureau of Research and Planning.

## COMMENDATION OF CPS

Resolution No. 45-67

California Blue Shield Committee

Introduced by: Alameda-Contra Costa Medical Assn.

**Resolved:** That California Physicians' Service be commended for the responsiveness it has shown to physician problems during the burdensome year it has shouldered the task of being the fiscal agent for Medi-Cal.

**ACTION:** Adopted.

## MEDI-CAL PAYMENTS IN TEACHING HOSPITALS

Resolution No. 46-67

Committee 3A

Introduced by: Alameda-Contra Costa Medical Assn.

WHEREAS, the medical profession has been charged with the responsibility of safeguarding the reasonableness of costs for physicians' services in the Medicare and Medi-Cal programs; now, therefore, be it

**Resolved:** That the House of Delegates of the California Medical Association recommends to the administrators of the Medicare and Medi-Cal Programs and to their fiscal intermediaries the following criteria for payment of Medicare and Medi-Cal claims in teaching hospitals:

1. For doctors not on salary in teaching hospitals payment should be made only to individual physicians who actually render medical care to Medicare or Medi-Cal patients, upon receipt of individual bills from each doctor for each individual service rendered by them.

2. The amount of payment should be commensurate with the value of the actual service rendered the patient by the billing physician.

3. When services are rendered to Medicare and Medi-Cal patients by salaried physicians in a teaching hospital, payment by Medicare and Medi-Cal should not exceed that percentage of each doctor's salary which can be equitably allocated to his services to Medicare and Medi-Cal patients.

4. Total cost to Medicare and Medi-Cal for physician services to a Medicare or Medi-Cal patient in a teaching hospital, including costs charged to the program for interns, residents, and full-time physicians and visiting staff, should not exceed costs which the program would be obligated to pay if the patient had been under private care.

**ACTION:** Referred to Council.

## AMBULANCE AND EMERGENCY TRAINING

Resolution No. 47-67

Committee 3

Introduced by: Alameda-Contra Costa Medical Assn.

**Resolved:** That the California Medical Association lead efforts to raise standards for the operation of ambulance and other emergency services and the qualifications of ambulance personnel through educational and administrative assistance to training groups on the local level.

**ACTION:** *Adopted.*

**Referred to:** *Commission on Community Health Services.*

' ' '

## CRIPPLED CHILDREN'S PROGRAM

Resolution No. 48-67

Committee 3A

Introduced by: Alameda-Contra Costa Medical Assn.

WHEREAS, the Medi-Cal program now provides state funds to pay for the full spectrum of medical services, including services of specialists for indigent and medically indigent children; and

WHEREAS, preservation of the separate administration of Crippled Children's Service Program not only constitutes a duplication of available services to children but also imposes administrative hindrances, unnecessary complexities and unnecessary expense in the processing of claims for services rendered to children; now, therefore, be it

**Resolved:** That this House of Delegates express its conviction that handling of claims for physicians' services under Crippled Children's Service to be merged with those of the Medi-Cal program, using the same fiscal intermediary and the same "usual and customary fee" basis for payment; and be it further

**Resolved:** That CMA study and promote further merging of these two overlapping programs for medical services to children to the end that the adverse philosophies of panel practice and prior authorization will be eliminated.

**ACTION:** *Referred to Council with motion to amend by eliminating the second resolved portion.*

' ' '

## NURSING HOME PAYMENTS

Resolution No. 49-67

Committee 3A

Introduced by: Alameda-Contra Costa Medical Assn.

**Resolved:** That Medi-Cal be urged to devise a system of payment which will properly compensate nursing homes in accordance with the degree of care needed by and provided to the patient.

**ACTION:** *Adopted and referred to the Council for implementation.*

**Referred to:** *Commission on Public Agencies.*

## DISCLOSURE OF SOURCE OF FUNDS

Resolution No. 50-67

Committee 3

Introduced by: Alameda-Contra Costa Medical Assn.

**Resolved:** That if the Bureau of Research and Planning is subsidized in carrying out studies, research or questionnaires by Federal, State or other agencies which are not part of the California Medical Association, the source of such outside funds and the ultimate disposition of the report and study results be clearly pointed out to California Medical Association members asked to participate.

**ACTION:** *Adopted.*

**Referred to:** *Bureau of Research and Planning.*

' ' '

## TOWN-GOWN LIAISON

Resolution No. 51-67

Committee 3B

Introduced by: C. Gerald Scarborough, M.D.

Representing: Santa Clara County Delegation

WHEREAS, the quality of medical care of the future which is of mutual concern to medical educators and practicing physicians is dependent to a large degree on present medical education; and

WHEREAS, there are numerous local problems and circumstances peculiar to each medical school and geographic area; now, therefore, be it

**Resolved:** That the CMA urge those component medical societies which have geographic proximity to a medical school and which do not have a liaison committee to consider the creation of such a committee.

**ACTION:** *Above substitute resolution adopted.*

**Referred to:** *Liaison Committee to Medical Schools.*

' ' '

## FREE CIGARETTES

Resolution No. 52-67

Committee 3B

Introduced by: C. Gerald Scarborough, M.D.

Representing: Santa Clara County Delegation

**ACTION:** *Not adopted.*

' ' '

## TODAY'S HEALTH GUIDE

Resolution No. 53-67

Committee 3B

Introduced by: C. Gerald Scarborough, M.D.

Representing: Santa Clara County Delegation

WHEREAS, pertinent health information is presented in a well organized, easily read, and clearly illustrated book entitled *Today's Health Guide*; and

WHEREAS, this book could be used as a text for health and family life education in our public and private schools; now, therefore, be it

**Resolved:** That the California Medical Association through its component medical societies

(1) encourage wider distribution of *Today's Health Guide* in all hospital and school libraries and in all physicians' reception rooms, and (2) give widespread publicity to the desirability of having every family obtain a copy.

**ACTION:** *Above substitute resolution adopted.*

**Referred to:** *Commission on Community Health Services and Commission on Communications.*

‘ ‘ ‘

## PROTECTIVE HELMETS FOR MOTORCYCLISTS

Resolution No. 54-67

Committee 3B

Introduced by: San Mateo County Delegation

WHEREAS, the number of motorcycle deaths are increasing each year; and

WHEREAS, two-thirds to three-fourths of the deaths in these accidents are due to head injuries; and

WHEREAS, the wearing of safety helmets can reduce the risk of fatality in a motorcycle accident to about one-third of the risk without a helmet; and

WHEREAS, several states have already passed legislation requiring motorcyclists to wear safety helmets; and

WHEREAS, legislation has been introduced in the present session of the State Legislature, which would require motorcycle operators to wear a protective helmet of a type approved by the California Highway Patrol; now, therefore, be it

**Resolved:** That the California Medical Association give its endorsement to legislation which requires all motorcyclists to wear properly designed protective headgear; and be it further

**Resolved:** That the CMA pursue an active role in stimulating and supporting other legislation which provides safeguards for motorcycle operators and pedestrians.

**ACTION:** *Above substitute resolution adopted.*

**Referred to:** *Commission on Community Health Services and Legislative Committee.*

‘ ‘ ‘

## USE OF MARIJUANA, LSD AND OTHER HALLUCINATORY DRUGS

Resolution No. 55-67

Committee 3B

Introduced by: San Mateo County Delegation

WHEREAS, the use of Marijuana, LSD and other hallucinatory drugs is rapidly increasing particularly by those young adults still in high school and college; and

WHEREAS, the user of these drugs has little factual knowledge as to their pharmacological and psychiatric effects and rely upon nonprofessionals for information; and

WHEREAS, probably even less is known about these drugs by the majority of the medical profession who should be the best informed; and

WHEREAS, school, Church and civic groups are looking to the medical profession for instruction and guidance as to the handling of the problems generated by the use of these drugs; and

WHEREAS, organized medicine should take the lead in providing both information for the public in general regarding the use of these drugs and also should educate physicians so they will be more knowledgeable as to the effects of hallucinatory drugs; now, therefore, be it

**Resolved:** That the California Medical Association:

1. Continue to provide and expand educational programs for the medical profession to learn authoritatively about the various hallucinatory drugs, and

2. Continue to provide and expand techniques to educate the public as to the pharmacological and psychological effects of hallucinatory drugs.

**ACTION:** *Adopted as amended.*

**Referred to:** *Scientific Board.*

‘ ‘ ‘

## CREDIT CARDS FOR MEDICARE AND MEDICAL

Resolution No. 56-67

Committee 3A

Introduced by: Robert J. O'Neill, M.D.

Representing: Santa Clara County

WHEREAS, the medical profession recognizes that CPS has been doing an excellent job of reviewing and paying claims for Medicare and Medical; and

WHEREAS, the greatest difficulty up to this stage has been the question of eligibility; and

WHEREAS, the question of eligibility usually is due to the misspelling of a name, transposition of 14 digit numbers; and

WHEREAS, the medical profession and hospitals would be willing to purchase a credit card stamping machine in order to eliminate some of the delays in payment; now, therefore, be it

**Resolved:** That this House of Delegates encourage the State of California and local county welfare departments to issue credit cards that may be stamped on medical claim forms in medical offices and hospitals; and be it further

**Resolved:** That the Social Security Administration be encouraged to issue similar credit cards to Medicare recipients.

**ACTION:** *Referred to Council for further study.*

**Referred to:** *CPS-Blue Shield Board of Trustees.*

## REGULATION ON BLOOD DONATIONS

Resolution No. 57-67

Committee 3

Introduced by: Robert J. O'Neill, M.D.

Representing: Santa Clara County

**ACTION:** *No action taken.*

' ' '

## RELATIVE VALUE STUDIES

Resolution No. 58-67

Committee 3A

Introduced by: Santa Barbara Delegation

WHEREAS, the Relative Value Studies (RVS) has become an invaluable tool of communication in the Medi-Cal Program; and

WHEREAS, the last revision of the RVS took place in 1964, before the initiation of Medi-Cal; and

WHEREAS, certain inequities have become evident in the use of the RVS in this program, to wit:

1. Herniorrhaphy compared with simple appendectomy.

2. Obstetrical procedures including particularly normal delivery with prenatal and postnatal care compared with simple appendectomy.

3. Certain ophthalmological procedures.

4. IPPB

5. Nursing home visits by internists both multiple and intermediate value type; now, therefore, be it

**Resolved:** That the House of Delegates of the CMA direct that the foregoing specific items be incorporated in the ongoing revision of the Relative Value Studies.

**ACTION:** *Referred to the Committee on Fees.*

' ' '

## MEDICAL ETHICS

Resolution No. 59-67

Committee 3B

Introduced by: Santa Barbara Delegation

**ACTION:** *No action was taken on this resolution.*

' ' '

## COVERAGE FOR OUTPATIENT DIAGNOSTIC PROCEDURES

Resolution No. 60-67

Committee 3A

Introduced by: San Mateo County Delegation

WHEREAS, health insurance which requires hospitalization in order to receive benefits for diagnostic procedures accentuates the existing shortage of hospital beds and unnecessarily increases the cost of medical care; now therefore, be it

**Resolved:** That the voluntary health insurance industry be encouraged to develop programs which will provide payments for diagnostic procedures on an out-patient basis.

**ACTION:** *Above substitute resolution adopted.*

**Referred to:** *Commission on Medical Services.*

' ' '

## MEDICAL SUPERVISION OF BLOOD BANKING DURING UNSCHEDULED, EMERGENCY BLOOD COLLECTIONS

Resolution No. 61-67

Committee 3

Introduced by: Fresno County Medical Society

WHEREAS, blood banking is an integral indispensable facet of medical practice; and

WHEREAS, the direction and supervision of this medical service should properly be the responsibility of physicians; and

WHEREAS, California registered nurses and licensed clinical laboratory technologists, specifically trained in blood banking techniques, carry out the procedures directed and supervised by physicians; and

WHEREAS, physician supervision of licensed, competent and specifically trained nurses and clinical laboratory technologists in general medical parlance does not imply constant, *immediate physical presence* of the physician during performance of specifically delegated procedures; and

WHEREAS, the California Department of Public Health administrative regulations in this regard are unduly restrictive and not in conformity with general medical concepts; Reference California Administrative Code, Title 17, Chapter 11, Sub-Chapter 1, Group 1, Section 998(b), "All blood collection shall take place under the direct and immediate supervision of an attending physician.", and Section 1002(d), "The attending physician . . . shall be immediately available at all times blood collection is carried on."; and

WHEREAS, the American Association of Blood Banks *Standards for a Blood Transfusion Service*, 4th Ed., 1966, Section 1, A and B, and Section 11, B, and the National Institute of Health regulations: Reference Section 73.301(a), and Section 73.302(a), *Public Health Service Publication No. 437*, Revised, 1965 and November 1966, do not narrowly and restrictively construe the meaning of physician direction and supervision; now, therefore, be it

**Resolved:** That the Council of the California Medical Association through its appropriate commissions and committees be directed to consult with and advise the California Department of Public Health in this regard to allow more flexible

and realistic latitude in the administrative regulations to the end that "medical supervision" not be construed to require the *immediate physical presence* of a physician during the performance of specifically designated blood banking procedures by authorized, licensed and specifically trained California registered nurses and licensed clinical laboratory technologists during unscheduled emergency blood collections.

**ACTION: Adopted.**

**Referred to: Committee on Blood Banks and the Commission on Public Agencies.**

1 1 1

#### MEDICARE LABORATORY REGULATIONS

**Resolution No. 62-67**

**Committee 3A**

Introduced by: Glenn A. Pope, M.D.

Representing: Sacramento County

WHEREAS, qualified physicians of various disciplines frequently serve as directors of well supervised laboratories under the licensure of the State of California, and •

WHEREAS, regulations have been established by the Department of Health Education and Welfare which will impair the functions of such laboratories operated by physicians or groups of physicians for the benefit of their patients and the patients of other physicians; now, therefore, be it

**Resolved:** That the California Medical Association review the regulations and strive to correct the inequities in the regulations so that all California laboratories operated by qualified physicians which maintain high standards of proficiency may continue to serve Medicare recipients as well as all other categories of patients in California, and further be it

**Resolved:** That clinical laboratory services provided by a physician providing no other services to the patient are no less medical services than similar services rendered by physicians providing other services and those medical laboratory services should be regulated in the same manner as are all other services, and further be it

**Resolved:** That the California Delegates to the American Medical Association be requested to propose an appropriate similar resolution to the next American Medical Association House of Delegates meeting.

**ACTION: Above substitute resolution adopted and referred to the Council.**

**Referred to: Commission on Public Agencies and the AMA Delegation.**

#### HEALTH MANPOWER GUIDELINES

**Resolution No. 63-67**

**Committee 3B**

Introduced by: Thomas Elmendorf, M.D.

Representing: Tenth District

WHEREAS, there is a need for increased health manpower; and

WHEREAS, medical schools are developing programs for training specialized personnel to cooperate with physicians and increase their efficiency; and

WHEREAS, trained specialists already exist in ancillary fields such as optometry, podiatry, and clinical psychology; and

WHEREAS, the California Health Manpower Council is currently evaluating manpower programs for these and similar fields; now, therefore, be it

**Resolved:** That this House of Delegates instruct the appropriate committee of the CMA to interpret ethical relationships and establish guidelines for efficient cooperation between medicine and specialized allied professional personnel in optometry, podiatry, clinical psychology and such other ancillary groups as deemed appropriate by said committee.

**ACTION: Adopted.**

**Referred to: Commission on Allied Health Professions.**

1 1 1

#### FAMILY PHYSICIANS TRAINING

**Resolution No. 64-67**

**Committee 3B**

Introduced by: Nathan Dubin, M.D.

Representing: Tenth District

WHEREAS, good medical care has always been based on the availability, competence and personal patient relationships of family physicians; and

WHEREAS, medical schools are graduating fewer general practitioners on the premise that greater specialization is being made necessary by the increasing amount and complexity of medical knowledge; and

WHEREAS, the trend toward highly specialized medical practice has produced an increased demand of the public for comprehensive medical care; now, therefore, be it

**Resolved:** That the California Medical Association commend those medical schools which are exploring or implementing ways to attract and train physicians in the field of General Practice, and be it further

**Resolved:** That those medical schools that have not as yet contemplated or embarked upon such programs be urged to provide their students with more adequate information and greater encouragement concerning family practice as a professional career, and be it further

**Resolved:** That the appropriate CMA Committee, through liaison efforts, keep itself informed of various developments and progress made in achieving the above, and that a progress report be submitted to the House of Delegates at its next annual convention.

**ACTION:** Above substitute resolution adopted as amended.

**Referred to:** Scientific Board and Liaison Committee to Medical Schools.

#### MEDICAL CARE FORM REVIEW

**Resolution No. 65-67**

**Committee 3A**

Introduced by: Franklin Murphy, M.D.

Representing: Butte-Glenn County

**Resolved:** That a committee of the Commission on Medical Services be established to develop and promote the use of a standard reporting form for private and government third party payment programs; and be it further

**Resolved:** That this committee study and represent the physicians of California in the broad field of automation and data processing, including the processing of claims for physicians' services to the end that the needs of physicians will be properly recognized in the programming of this rapidly developing facet of medical economics.

**ACTION:** Above substitute resolution adopted and referred to Council.

**Referred to:** Commission on Medical Services.

#### RECIPROCITY CERTIFICATION

**Resolution No. 66-67**

**Committee No. 3B**

Introduced by: Monterey County Delegation

WHEREAS, the Medical Profession has always been a dignified one and the licensing certificate should reflect this dignity; and

WHEREAS, the appearance of the words "Reciprocity Certificate" stamped diagonally across the medical license issued by reciprocity by the California State Board of Medical Examiners detracts from the dignity of the certificate; and

WHEREAS, the wording of the certificate clearly identifies it as having been granted by reciprocity; now, therefore, be it

**Resolved:** That the California Medical Association go on record as favoring the removal of the words "Reciprocity Certificate" stamped diagonally across the medical licenses so issued; and be it further

**Resolved:** That this resolution be referred to the Council for appropriate action.

**ACTION:** Referred to Council.

**Referred to:** Board of Medical Examiners.

#### EXTENDED CARE FACILITIES

**Resolution No. 67-67**

**Committee 3A**

Introduced by: San Francisco Delegation

WHEREAS, there is a massive effort by the administrators of nursing home and extended care facilities to bring their facilities into compliance with the "Conditions of Participation for Extended Care Facilities" of the U.S. Department of HEW (Social Security Administration pamphlet HIM-3) and have indicated willingness to be guided by physician committees in matters concerning the quality of medical care in their institutions; and

WHEREAS, "Conditions of Participation for Extended Care Facilities" do not suggest or include any discussion of the relation of the facility to a medical staff committee or organization; and

WHEREAS, utilization problems and other medical staff functions could best be guided by a local medical society equivalent staff committee when the staff is small; now, therefore, be it

**Resolved:** That the CMA find and promote ways of implementing the Guiding Principles concept into extended care facility development and that the CMA encourage its component societies to participate actively in staff supervision activities in the facilities in their communities.

**ACTION:** Adopted.

**Referred to:** Ad hoc Committee on Extended Care Facilities.

#### OPPOSITION TO SENATE BILL 260

**Resolution No. 68-67**

**Committee 3B**

Introduced by: John A. Bullis, M.D.

Representing: Los Angeles

**ACTION:** No action was taken on this resolution.

#### PHYSICAL EVALUATION OF CLASS I AND II DRIVERS

**Resolution No. 69-67**

**Committee 3B**

Introduced by: Ralph M. King, M.D.

Representing: San Diego Delegation

WHEREAS, the California State Department of Motor Vehicles has established a classification for the operators of heavy rigs (trucks and buses) that operate on the highways of the state; and

WHEREAS, the medical evaluation required for the issuance of licenses to the operators of such vehicles is to be conducted by the applicant's personal physician; and

WHEREAS, it is recognized that examinations such as one on which the means of earning a livelihood may depend can create an area of conflict and emotional unrest and potential deterioration of normal doctor-patient relationship; and

WHEREAS, the California Society of Internal

Medicine has approved a similar resolution in its last House of Delegates; now, therefore, be it

**Resolved:** That the California Medical Association recommend that the Department of Motor Vehicles designate independent medical examiners for class I and II drivers' licenses; and be it further

**Resolved:** That the California Medical Association and its component medical societies offer assistance to the DMV in the accomplishment of this program.

**ACTION: Adopted.**

**Referred to: Commission on Community Health Services.**

#### RECOGNITION OF AN OUTSTANDING EFFORT

**Resolution No. 70-67** **Committee 3B**

Introduced by: E. Kash Rose, M.D.

Representing: Ninth District

WHEREAS, Dr. Carl Anderson has officially announced his retirement as Councilor of the Ninth District and therefore necessarily as Chairman of the Council; and

WHEREAS, Dr. Anderson for the past seven years has given of himself so extensively and unselfishly above and beyond that of most physicians; and

WHEREAS, Dr. Anderson's contributions to the Ninth District, CMA and AMA have been of such magnitude that no quality control is needed; now, therefore, be it

**Resolved:** That this House of Delegates commends Dr. Anderson and expresses its deepest appreciation for his many efforts over the past seven years as Councilor and six years as Chairman of the Council.

**ACTION: Adopted.**

**Referred to: Commission on Communications.**

#### MEDI-CAL DRUG FORMULARY

**Resolution No. 71-67** **Committee 3A**

Introduced by: C. Gerald Scarborough, M.D.

Representing: Santa Clara County

**Resolved:** That this House of Delegates of the California Medical Association endorses the principle that any drug formulary short of a listing of all of the drugs various physicians find necessary for the treatment of all of their patients is by its nature restrictive and inhibits the proper treatment of patients; and, further, be it

**Resolved:** That the California Medical Association take all possible steps to eliminate the drug formulary under the Medi-Cal program.

**ACTION: Above substitute resolution adopted.**

**Referred to: Commission on Public Agencies.**

#### RADIOLOGICAL CONSULTATION

**Resolution No. 72-67**

**Committee 3A**

Introduced by: Los Angeles County Medical Association

WHEREAS, there are at least two clearly defined categories of x-ray examinations:

1. Those accomplished by the attending physician incident to other services,

2. Examinations accomplished by other doctors on patients referred by the attending physician for radiological consultation only and including a written report to the referring physician; and

WHEREAS, the historical assumption of the more frequently involved consulting specialists that their services were recognized by their colleagues and knowledgeable interested parties has been challenged in important places including the Joint Committee on Accreditation of Hospitals and the Bureau of Health, Education and Welfare; now, therefore, be it

**Resolved:** That when a patient is referred for x-ray examination and written evaluation to a doctor not providing therapeutic services to the patient this should be considered by all interested parties a "radiological consultation."

**ACTION: Adopted as amended.**

**Referred to: AMA Delegation.**

#### LEGISLATIVE IMPLEMENTATION OF TITLE XIX, P.L. 89-97

**Resolution No. 73-67**

**Committee 3A**

Introduced by: Frank A. Rogers, M.D.

Representing: Los Angeles County Medical Association

**ACTION: No action was taken on this resolution.**

#### OPPOSING SENATE BILL S260

**Resolution No. 74-67**

**Committee 3B**

Introduced by: Los Angeles County Medical Association

**ACTION: No action was taken on this resolution.**

#### FEDERAL SUBSIDIES

**Resolution No. 75-67**

**Committee 3**

Introduced by: Frank A. Rogers, M.D.

Representing: Los Angeles County Medical Association

WHEREAS, federal grant money has been accepted in behalf of the California Medical Association by its Council and spent on studies at the direction of the Council; and

WHEREAS, the question has been raised as to the necessity of accepting these funds; now, therefore, be it

**Resolved:** That the House of Delegates of the California Medical Association in regular session



April 1967 hereby request the Council to use discretion in requesting or accepting further federal subsidies.

**ACTION: Adopted as amended.**  
**Referred to: Council.**

1 1 1

### ADMISSION PROCEDURES TO GENERAL HOSPITALS

**Resolution No. 76-67** **Committee 3A**  
Introduced by: Leonard M. Asher, M.D.  
Representing: Los Angeles County Medical Association

WHEREAS, the patient load in many large general medical hospitals has increased during the past year; and

WHEREAS, available beds for admission of emergency cases has been proportionately reduced by this increased load; and

WHEREAS, it is the responsibility of the medical profession to provide prompt quality medical care on all occasions; now, therefore, be it

**Resolved:** That the California Medical Association carry out a study of hospital admission procedures in an effort to establish guidelines for hospitals to create more available beds for such emergency admissions.

**ACTION: Adopted.**  
**Referred to: Commission on Hospital Affairs.**

1 1 1

### PRACTICE, ATTEMPT TO PRACTICE WITHOUT A LICENSE, A FELONY

**Resolution No. 77-67** **Committee 3**  
Introduced by: Los Angeles County Medical Association

WHEREAS, the Healing Arts Section of the Business and Professions Code, now provides that the practicing or attempting to practice, or holding themselves as practicing, any system or mode of treating the sick or afflicted in this state, without an unrevoked certificate as provided in the chapter on Healing Arts, is a misdemeanor; and

WHEREAS, that this Section of the Business and Professions Code is being violated repeatedly by persons not holding an unrevoked certificate, and where such violations are willful and under circumstances or conditions which could cause great bodily harm or serious mental illness, to the sick and afflicted; and

WHEREAS, the punishment provided under the misdemeanor section of the present law is not severe enough to act as a deterrent; now, therefore, be it

**Resolved:** That the House of Delegates of the California Medical Association instruct the Council of the California Medical Association, acting through its Liaison Committee with the Public Health League, cause to be introduced an Amend-

ment to Section 2141 of the Business and Professions Code to amend said Section to read as follows:

"Any person, who practices or attempts to practice, or who advertises or holds himself out as practicing, any system or mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other mental or physical condition or any person without having at the time of so doing a valid unrevoked certificate as provided in this chapter, is guilty of a felony."

**ACTION: House voted to support the bill called for in this resolution.**

**Referred to: Committee on Legislation.**

1 1 1

### PROCEDURE FOR DISTRICT WITHDRAWAL FROM COUNTY MEDICAL SOCIETY

**Resolution No. 78-67** **Committee 3**  
Introduced by: Los Angeles County Medical Association

WHEREAS, no well defined and orderly procedure exists for an established component society to withdraw from its parent County Medical Society and become autonomous; now, therefore, be it

**Resolved:** That the Speaker of the House of Delegates be hereby authorized to appoint an ad hoc committee of this House of Delegates to study and investigate the problem of the establishment of an orderly procedure for an established component district of a county medical society to exercise option to withdraw from the county medical society and become autonomous and said ad hoc committee to submit a proposed bylaw amendment to the California Medical Association Bylaws that would detail and provide such an orderly procedure.

**ACTION: Adopted.**  
**Referred to: Speaker of the House of Delegates.**

1 1 1

### INCOME TAX DEDUCTION FOR MEDICAL CARE

**Resolution No. 79-67** **Committee 3**  
Introduced by: Los Angeles County Medical Association

WHEREAS, first dollar deduction from the income tax for medical care is not allowed either by the Federal Government or the State of California; and

WHEREAS, the maintenance of an individual's health (i.e., his equipment) is of great importance in enabling him to earn a living; and

WHEREAS, the maintenance of an individual's health is the maintenance of the equipment with which he works; comparable with the maintenance of industrial equipment for which industry is al-

lowed first dollar deduction from the income tax for the maintenance thereof; and

WHEREAS, an increased burden has fallen upon the younger population to maintain the health of the aged, under Medicare; and

WHEREAS, the younger person is not presently entitled to first dollar deduction from the income tax for his own health, under current laws; now, therefore, be it

**Resolved:** That the California Medical Association urge and petition the Congress of the United States, through the American Medical Association, and the California Legislature to remove the restriction on first dollar deduction from the income tax, for health expenditure—for physician services, hospitalization, nursing care, physical therapy and prescription drugs.

**ACTION: Adopted.**

**Referred to: Committee on Legislation.**

‘ ‘ ‘

#### **TECHNIQUE TO EXPEDITE USE OF DIRECT PAYMENT PROCEDURE UNDER MEDICARE**

**Resolution No. 80-67**

**Committee 3A**

Introduced by: Los Angeles County Medical Association

WHEREAS, it is established policy of the California Medical Association to urge all doctors to bill patients directly for services rendered; and

WHEREAS, the patient who has paid for coverage under Part B of Title XVIII can be reimbursed according to the terms of that coverage upon presentation to the carrier of a receipted bill which properly identifies the service rendered; and

WHEREAS, many receipted bills have failed to identify the service rendered so that the carrier could not reimburse the patient until the necessary information was obtained; and

WHEREAS, this delay in reimbursement has caused the frustrated patient to waste the time of the doctor and his staff with endless queries, to correspond repeatedly with the carrier, and finally to appeal directly to his congressman; and

WHEREAS, these expressions of dissatisfaction might lead to a change in the law so that physicians could no longer elect this method of payment; now, therefore, be it

**Resolved:** That the California Medical Association immediately use all practical methods to expedite the inclusion of all pertinent data on each receipted bill for use under Title XVIII, to wit: patient's name, address with zip code number, identification number, date and place of service, description of service with RVS procedure number, fee, physician's name, address with zip code number, and license number; and be it further

**Resolved:** That each doctor and his staff be urged to give to any Medicare patient the necessary assistance in filling out the claim form which the patient submits for reimbursement.

**ACTION: Adopted.**

**Referred to: Commission on Communications.**

‘ ‘ ‘

#### **HEALTH INSURANCE FOR INDIVIDUALS OVER 65**

**Resolution No. 81-67**

**Committee 3A**

Introduced by: Los Angeles County Medical Association

WHEREAS, The California Medical Association has consistently advocated and supported voluntary health insurance as the most desirable and efficient means of providing for large and unforeseen medical and hospital expenses, and

WHEREAS, since the advent of Medicare those of 65 and over have to a large measure been denied the opportunity to continue to provide for themselves through private insurance plans; now, therefore, be it

**Resolved:** That the California Medical Association endorses the principle of provision of private insurance for those over 65 to allow them a choice; and further, be it

**Resolved:** That the California Medical Association encourage the health insurance industry, including California Blue Shield, to provide such voluntary health insurance.

**ACTION: Above substitute resolution adopted.**

**Referred to: Commission on Medical Services.**

‘ ‘ ‘

#### **CERTIFICATION AND RECERTIFICATION**

**Resolution No. 82-67**

**Committee 3A**

Introduced by: Los Angeles County Medical Association

**Resolved:** That the House of Delegates of the California Medical Association endorses all efforts to repeal the certification and recertification provisions of P.L. 89-97; and be it further

**Resolved:** That the California Medical Association Delegates to the American Medical Association be instructed to submit a similar resolution to the American Medical Association House of Delegates.

**ACTION: Adopted.**

**Referred to: AMA Delegation.**

‘ ‘ ‘

#### **INDEPENDENT LABORATORIES**

**Resolution No. 83-67**

**Committee 3A**

Introduced by: Robert Stragnell, M.D.

Representing: Los Angeles County Medical Association

**ACTION: See resolution No. 62-67 with which this resolution was combined.**

## DIRECT PATIENT BILLING

Resolution No. 84-67

Committee 3A

Introduced by: Neal C. Hamel, M.D.

Representing: Los Angeles County Medical Association

WHEREAS, direct patient billing is not now possible under Title XIX, P.L. 89-97 (Medi-Cal); and

WHEREAS, direct patient billing for Medi-Cal patients would be a desirable option for California physicians; now, therefore, be it

**Resolved:** That the California Medical Association House of Delegates recommend that the option for direct patient billing of Medi-Cal patients is allowed California physicians; and be it further

**Resolved:** That the California Medical Association Council take whatever action is necessary to encourage legislative and/or regulatory changes which will make possible the desirable option of direct patient billing for Medi-Cal patients.

**ACTION: Adopted.**

**Referred to: Commission on Communications and Committee on Legislation.**

' ' '

## DIRECT PATIENT BILLING

Resolution No. 85-67

Committee 3A

Introduced by: Los Angeles County Medical Association

**Resolved:** That the CMA through its various media of communication continue to inform physicians of the importance of the principle involved in direct billing and of the option of direct billing under Medicare.

**ACTION: Above substitute resolution adopted.**

**Referred to: Commission on Communications.**

' ' '

## INHALATION THERAPY

Resolution No. 86-67

Committee 3B

Introduced by: Frank A. Rogers, M.D.

Representing: Los Angeles County Medical Association

WHEREAS, Inhalation Therapy is an important aspect of medical practice requiring specialized knowledge, training, and technical experience; and

WHEREAS, improved standards in methods of administering Inhalation Therapy together with improved standards in the training of technical paramedical personnel are being developed; and

WHEREAS, medical supervision of Inhalation Therapy practices is an acknowledged necessity; now, therefore, be it

**Resolved:** That the CMA Council, through an appropriate committee, study the problem and explore the advisability of establishing a special committee in order to achieve the objectives of the resolution, and be it further

**Resolved:** That the California Delegation to the AMA pursue a similar procedure to achieve the purpose of the resolution.

**ACTION: Adopted as amended.**

**Referred to: Scientific Board and AMA Delegation.**

' ' '

## DISABILITY INSURANCE PROGRAM

Resolution No. 87-67

Committee 3B

Introduced by: Joseph F. Boyle, M.D.

Representing: Los Angeles County Medical Association

**ACTION: No action was taken on this resolution.**

' ' '

## WEIGHT REDUCTION PRACTICES

Resolution No. 88-67

Committee 3B

Introduced by: Leonard Asher, M.D.

Representing: Los Angeles County Medical Association

**ACTION: No action was taken on this resolution. See resolution 102-67.**

' ' '

## COUNTY SOCIETY AFFILIATIONS

Resolution No. 89-67

Committee 3B

Introduced by: Bernard Axelrod, M.D.

Representing: Los Angeles County Medical Association

**ACTION: No action was taken on this resolution.**

' ' '

## HOSPITAL ACCREDITATION REQUIREMENT

Resolution No. 90-67

Committee 3B

Introduced by: R. S. Neuenschwander, M.D.

Representing: Los Angeles County Medical Association

WHEREAS, the physician's care of a hospitalized patient is succinctly, precisely and completely delineated in the hospital chart by the history, physical examination, orders, operative and progress notes; and

WHEREAS, therapy, intended procedures and details regarding follow-up visits following the discharge of the patient from the hospital are neither properly part of, nor pertinent to the hospital chart; and

WHEREAS, responsibility for continuity of high quality medical care is a function of the medical staff of the individual hospital; and

WHEREAS, the utilization review procedure depends not upon review of a summary of a chart, but rather upon the day-to-day care and progress of the patient, and such review should never be postponed until the patient has been discharged from the hospital; and

WHEREAS, summarization of charts on a routine basis consumes much valuable physician time that might be better utilized in more fruitful, worthwhile and advantageous activities; and

WHEREAS, summarization of a chart neither improves the care rendered that particular patient,

nor greatly alters the care rendered to some future patient in like circumstances; and

WHEREAS, the example of "adequate discharge summary" contained in Bulletin No. 43 of the Joint Commission on the Accreditation of Hospitals is a copying of material that any intelligent individual could easily read from the chart proper in a very few minutes; and

WHEREAS, the requirement of discharge summaries as a basis for the accreditation of hospitals by the Joint Commission on the Accreditation of Hospitals is an unreasonable extension of authority into the rights, responsibilities and ethics of the Medical Profession; now, therefore, be it

**Resolved:** That the American Medical Association be directed to inform the Joint Commission on the Accreditation of Hospitals that we are unalterably opposed to the requirement of routine discharge summaries for patients' clinical records; and be it further

**Resolved:** That said Commission be directed to rescind this requirement for the accreditation of hospitals and to instruct its surveyors and all hospitals that such summaries are not a requirement for accreditation.

**ACTION:** *Referred to Council for further study.*  
*Referred to: Commission on Hospital Affairs.*

‘ ‘ ‘

#### COMPULSORY GENERIC PRESCRIBING

**Resolution No. 91-67** **Committee 3B**  
Introduced by: Los Angeles County Medical Association

**Resolved:** That the California Medical Association in regular session assembled April 1967, hereby makes known its continued opposition to compulsory generic prescribing regardless of the status of the patient; and be it further

**Resolved:** That the intent of this Resolution be presented to the House of Delegates of the American Medical Association by delegates from the California Medical Association.

**ACTION:** *Adopted.*  
*Referred to: AMA Delegation.*

‘ ‘ ‘

#### VEXATIOUS LITIGATION

**Resolution No. 92-67** **Committee 3B**  
Introduced by: Los Angeles County Medical Association

WHEREAS, there is a steady yearly increase in both malpractice insurance rates and claims filed for malpractice; and

WHEREAS, many insurance underwriters are no longer willing to operate in all sections of California; and

WHEREAS, the California Bar Association has in the past recommended legislation aimed at cor-

recting the abuse of "Vexatious Litigation"; and

WHEREAS, "Vexatious Litigation" is widely associated with the increase in unjustifiable claims; now, therefore, be it

**Resolved:** That the California Medical Association Council, through its Liaison Committee to the State Bar Association, cooperate, and if possible form a joint recommendation aimed at legislative changes to correct the abuse of "Vexatious Litigation," such a joint resolution to be referred to the California Medical Association Council for approval.

**ACTION:** *Adopted.*

*Referred to: Liaison Committee with State Bar of California.*

‘ ‘ ‘

#### CALIFORNIA PHYSICIANS' SERVICE COMMENDATION

**Resolution No. 93-67** **California Blue Shield Committee**

Introduced by: Bernard Axelrod, M.D.  
Representing: Los Angeles County Medical Association

WHEREAS, the California Physicians' Service has made a considerable and conscientious effort to solicit the cooperation and participation of the medical profession in the implementation of the Medi-Cal program; and

WHEREAS, despite the enormity of the task, it has with skill, diligence, and initiative, achieved a remarkable degree of success in discharging its responsibilities; now, therefore, be it

**Resolved:** That the California Medical Association commends California Physicians' Service for its accomplishments in implementing the Medi-Cal program.

**ACTION:** *Adopted.*

‘ ‘ ‘

#### PUBLIC HEALTH LEAGUE

**Resolution No. 94-67** **Committee 3B**  
Introduced by: San Francisco Delegation

WHEREAS, it is imperative that the medical profession continue to support legislation favorable to good medical practice and oppose legislation that will be harmful to good medical practice; and

WHEREAS, the medical profession must continue to protect the public against poor medical practice often dependent upon and sometimes unwittingly promoted by legislation; and

WHEREAS, in order to carry on these objectives successfully the Public Health League, a non-partisan organization, organized and sponsored by the medical profession and allied professions of healing arts is our most effective legislative spokesman; and

WHEREAS, the Public Health League must have full support of membership to be fully effective; now, therefore, be it

**Resolved:** That the CMA ask each component society to stress that membership in the Public Health League is desirable and to make every effort to increase membership.

**ACTION:** *Adopted as amended.*

**Referred to:** *Commission on Communications.*

‘ ‘ ‘

#### ROLE OF MEDICINE IN SOCIETY

**Resolution No. 95-67**

**Committee 3**

Introduced by: San Francisco Delegation

WHEREAS, four timely and pertinent statements and the accompanying recommendations have been prepared and approved by the CMA Committee on The Role of Medicine in Society during the past year; now, therefore, be it

**Resolved:** That these statements, known as the "Third Progress Report of the Committee on The Role of Medicine in Society" be made available only to CMA members and component medical societies for their evaluation for a period of 60 days and to other interested parties thereafter.

**ACTION:** *Adopted as amended.*

**Referred to:** *Commission on Communications.*

‘ ‘ ‘

#### LABORATORY NOTIFICATION

**Resolution No. 96-67**

**Committee 3B**

Introduced by: San Francisco Delegation

WHEREAS, there is increased use of automated laboratories located in California and out-of-state; and

WHEREAS, a potential problem of notification by laboratories to the local health officer of diagnostically positive procedures for syphilis arises because of laboratories' geographical location; now, therefore, be it

**Resolved:** That the AMA investigate this problem nationally and arrive at appropriate recommendations.

**ACTION:** *Adopted as amended.*

**Referred to:** *AMA Delegation.*

‘ ‘ ‘

#### COMMUNICABLE DISEASE REPORTING

**Resolution No. 97-67**

**Committee 3B**

Introduced by: San Francisco Delegation

WHEREAS, Section 3125 of the Health and Safety Code of the State of California requires physicians to report to the local health officer communicable disease; and

WHEREAS, Section 3125 lists fifty such diseases, many of which are no longer of major public health importance; and

WHEREAS, reporting of so many communicable diseases by physicians to the local health department is tedious, incomplete and of limited public health value; now, therefore, be it

**Resolved:** That the CMA, in conjunction with the State Department of Public Health seek changes in reportable disease, confining such diseases to those for which local health departments are prepared to engage in meaningful activities of epidemiologic control.

**ACTION:** *Adopted.*

**Referred to:** *Commission on Public Agencies.*

‘ ‘ ‘

#### STATE LICENSING OF CLINICAL LABORATORIES

**Resolution No. 98-67**

**Committee 3A**

Introduced by: San Francisco Delegation

**ACTION:** *See resolution No. 62-67 with which this resolution was combined.*

‘ ‘ ‘

#### CPS BY-LAW AMENDMENT REMOVAL FROM OFFICE, CHAPTER III, SECTION 6

**Resolution No. 99-67**

**California Blue Shield Committee**

Introduced by: Richard S. Wilbur, M.D.

Representing: Council on Behalf of CPS-Blue Shield Board of Trustees.

**Resolved:** That Chapter III, Section 6, entitled "Removal from Office," of the by-laws of California Physicians' Service, be and the same hereby is amended by adding to said section the following: "A trustee who is absent from three consecutive regular meetings of the Board, without cause, shall automatically forfeit his office of trustee. 'Cause' includes illness, absence from the state, and other grounds acceptable to the Chairman of the Board." So that said Section 6 as amended will read:

"Any trustee may be removed from office as such by the affirmative vote of three fourths of the Administrative Members at any regular or special meeting of Administrative Members on written notice, setting forth the reasons and grounds therefor, mailed to such trustee at his last known address at least ten days prior to the date of such meetings. A trustee who is absent from three consecutive regular meetings of the Board, without cause, shall automatically forfeit his office of trustee. 'Cause' includes illness, absence from the state, and other grounds acceptable to the Chairman of the Board."

**ACTION:** *Adopted.*

**Referred to:** *CPS-Blue Shield Board of Trustees.*

**CALIFORNIA BLUE SHIELD COMMENDATION**  
**Resolution No. 100-67**

**California Blue Shield Committee**

Introduced by: Glenn A. Pope, M.D.

Representing: Tenth District

**Resolved:** That the administration of California Blue Shield be commended for its recent establishment of a department devoted to labor and management health plan needs and that such department be encouraged to establish and maintain close liaison with the officers, governing bodies and staff of each component society of the California Medical Association.

**ACTION: Adopted.**

‘ ‘ ‘

**PHYSICIAN OPERATED LABORATORIES**

**Resolution No. 101-67**

**Committee 3A**

Introduced by: Roger C. Isenhour, M.D.

**ACTION: See resolution No. 62-67 with which this resolution was combined.**

‘ ‘ ‘

**WEIGHT REDUCTION**

**Resolution No. 102-67**

**Committee 3B**

Introduced by: Los Angeles County Medical Association Council

**Resolved:** That the following Statement of Policy concerning the physician's practice of weight reduction be adopted by the California Medical Association:

The practice of physicians concerned with weight reduction is a field of increased medical interest.

This field of practice is not a recognized specialty, but there is no ethical or legal ruling which would prevent a physician from limiting his practice to the treatment of obesity.

Any physician doing so, however, should recognize that his practice and the care of patients should follow all professional and ethical rules governing the practice of medicine. A physician should not advertise his services; he should not exploit the patient in any way. The use of drugs must be carefully controlled. Unproved or drugs in dangerous doses are never indicated.

The treatment of obesity requires very definite diagnostic skills and close supervision of the patient. It is vitally important that physicians working in this area have a thorough knowledge of all aspects of internal medicine. The methods which a physician uses must have a scientific basis and must not be based on dogma, cultism, or quackery, and be it further

**Resolved:** That the CMA Delegation introduce

this statement of policy regarding weight reduction to the AMA House of Delegates.

**ACTION: Above substitute resolution adopted as amended and referred to Council.**

**Referred to: AMA Delegation.**

‘ ‘ ‘

**GEORGE C. GRIFFITH, M.D.**

**Resolution No. 103-67**

**Committee 3B**

Introduced by: Los Angeles County Medical Association Council

WHEREAS, George C. Griffith, M.D., is and has been an outstanding clinician in the private practice of medicine for forty-one years; and

WHEREAS, George C. Griffith, M.D., is and has been a medical scientist, investigator and educator throughout his entire professional life, which has earned him the affection and respect of his colleagues and many students; and

WHEREAS, George C. Griffith, M.D., has been a member of the Los Angeles County Medical Association for twenty-one years; and

WHEREAS, George C. Griffith, M.D., has been awarded the 1967 Gifted Teacher Award by the American College of Cardiology; and

WHEREAS, This is only the third such award ever presented by the College; and

WHEREAS, This award was presented by Doctor C. Walton Lillehei in the presence of the Vice President of the United States; now, therefore, be it

**Resolved:** That the California Medical Association takes this occasion to commend George C. Griffith, M.D., upon his receipt of the 1967 Gifted Teacher Award; and be it further

**Resolved:** That the California Medical Association express its appreciation to George C. Griffith, M.D., for his many years of exemplary service to the profession and to the public as a scientist and teacher, but most of all as a physician who personifies the most hallowed traditions of the medical profession.

**ACTION: Adopted as amended.**

**Referred to: Commission on Communications.**

‘ ‘ ‘

**VIRUS LABORATORY SERVICES**

**Resolution No. 104-67**

**Committee 3B**

Introduced by: San Francisco Delegation

WHEREAS, viral infections, caused by over 150 different virus types, are responsible for hundreds of thousands of illnesses and hundreds of deaths in California each year; and

WHEREAS, certain viral infections during pregnancy, particularly rubella, cause serious defects or deformities of the infant; and

WHEREAS, laboratory diagnostic tests not previously available have recently been developed for many viral infections, including rubella and common respiratory infections; and

WHEREAS, laboratory tests are essential to assist physicians in the definitive diagnosis of viral infections; and

WHEREAS, the Virus Laboratory of the State of California Department of Public Health provides the sole source of such services; now, therefore, be it

**Resolved:** That the Virus Laboratory of the State of California Department of Public Health be complimented for its work, particularly in testing for rubella virus and antibodies, and be encouraged to continue and expand the service, lending assistance to local public and private facilities dealing with viral infections.

**ACTION: Adopted.**

**Referred to: Commission on Public Agencies.**

#### COMPREHENSIVE HEALTH PLANNING

**Resolution No. 105-67**

**Committee 3**

Introduced by: San Francisco Delegation

WHEREAS, Public Law 89-749 provides for comprehensive health planning for services, manpower and facilities at the state, regional and local level; and

WHEREAS, these planning efforts (voluntary and/or governmental) will be coordinated and developed in directions far greater than those which exist at present; and

WHEREAS, this will involve new concepts and activities that require wide and objective representation in all planning groups working in concert with the health professions; now, therefore, be it

**Resolved:** That the CMA become involved in comprehensive health planning and offer its services to the State Department of Public Health and make recommendations concerning proper methods of carrying out this responsibility to the citizens of California; and be it further

**Resolved:** That the CMA urge each component medical society to offer its services and technical skills to its regional and local comprehensive health planning groups.

**ACTION: Adopted as amended.**

**Referred to: Commission on Public Agencies and Commission on Community Health Services.**

#### BILLING FOR ANESTHESIA

**Resolution No. 106-67**

**Committee 3A**

Introduced by: San Francisco Delegation

**ACTION: No action was taken on this resolution.**

‘ ‘ ‘

#### EMERGENCY CARE

**Resolution No. 107-67**

**Committee 3**

Introduced by: Glenn A. Pope, M.D.

Representing: Tenth District

**ACTION: Not adopted.**

‘ ‘ ‘

#### LEGISLATION-INFLUENCED CHANGE IN THE PRACTICE OF MEDICINE

**Resolution No. 108-67**

**Committee 3A**

Introduced by: Mason Hohl, M.D.

Representing: Los Angeles County Medical Association

WHEREAS, the elected representatives of the people of the United States, after due consideration, have passed far reaching Legislation affecting the practice of medicine; and

WHEREAS, the implementation of Public Law 89-97, and of various comparable State Programs, has in fact changed the practice of medicine; and

WHEREAS, these changes affect the types of care that can be rendered both in and out of hospitals, largely influenced by the shortage of hospital beds; and

WHEREAS, it is no longer possible in many localities to obtain hospital beds for other than emergencies; and

WHEREAS, patients are asking constantly, "How did this come about?"; now, therefore, be it

**Resolved:** That the California Medical Association and its officers engage in a Statewide educational campaign directed to the people, informing them as to the effects that this legislation has had upon the practice of medicine and how it will affect them in times of illness; and be it further

**Resolved:** That this resolution be taken by the California Delegation to the American Medical Association for similar consideration for a nationwide educational program.

**ACTION: Referred to Council.**

**Referred to: Commission on Hospital Affairs, Commission on Communications and AMA Delegation.**